



SHOT TALK



National Infant Immunization Week

Immunization rates in our country are far too low, posing a threat to the health of our children. Approximately one in four newborn to 2-year-old children in the US is not properly immunized against infectious and potentially deadly diseases, such as measles, whooping cough, and diphtheria.

The good news is that more children in the past few years have been vaccinated than ever before. This is due in large part to the effort of thousands of individuals throughout our communities. These community members have worked diligently to raise awareness about childhood immunizations and ensure that underimmunized children in high-risk communities receive their necessary vaccinations.

Community efforts are needed to reach the goal of immunizing at least 90 percent of America's 2-year-olds by the year 2000. National Infant Immunization Week (NIIW), April 18-24, 1999, will highlight the role we all play in raising infant immunization rates across the country. The campaign offers communities the opportunity to promote childhood vaccinations and to build awareness about the important role that communities play in this effort. Together, we can carry the immunization message to our communities, cities, and counties



children in our communities are immunized.

Through combined local, regional, and national efforts, NIIW can help to raise infant immunization rates and bring in more diverse partners to contribute to the effort to protect our Nation's children.

The San Antonio Metropolitan Health District (SAMHD) will be celebrating NIIW with the Second Annual Vaccines for Children Appreciation

Breakfast on April 16, 1999. The event will be held in the Henry B. Gonzalez Convention Center. Speakers for the morning will include Rosalyn Carter and Betty Bumpers, Co-Founders, Every Child By Two, Mayor Howard Peak, Dr. Patti Patterson, Executive Deputy Health Commissioner for the State of Texas and Dr. Fernando A. Guerra, Director of Health, San Antonio Metropolitan Health District. All VFC providers will be invited to attend the breakfast. For more information on NIIW contact Pamela Williams at 207-2869.

throughout the Nation. This year's message is

Immunization: Our Work Has Just Begun

Presently, the greatest challenges, facing infant immunization revolve around the public perception that we do not have a childhood immunization problem in this country. Other issues such as violence, drug abuse, education, and other health problems tend to garner the most media attention and public interest, and as a result immunization does not get the attention it deserves. But we do have a problem: too few

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Rotavirus Vaccine is Approved

Virtually all children experience a rotavirus infection prior to school entry. The infection peaks during the winter in the United States and is responsible for an estimated 50,000 hospitalizations annually among infants and young children due primarily to dehydration from diarrhea. Approximately 20 children a year die from complications of rotavirus each year in the US. On August 31, 1998 the U.S. Food and Drug Administration approved the licensure of a rotavirus vaccine.

In order to prevent or decrease the severity of rotavirus infection, the **oral** rotavirus vaccination is given to infants at 2, 4 and 6 months of age. The first dose of the rotavirus vaccination may be given as early as 6 weeks of age and as late as 6 months of age. However, each subsequent dose should be given at an interval of at least three weeks.


The rotavirus vaccine should be given in conjunction with other recommended vaccines. If a child is known or suspected to be immunocompromised, the vaccine should not be given. However, the vaccine can be given to infants in households where there is a family member who is immunocompromised.


The delivery of the rotavirus vaccine to SAMHD is pending the award of the federal vaccine contract.


*Source: American Academy of Pediatrics
Volume 102, Number 6.*


Hepatitis A Vaccine is Now Part of the VFC Program


On February 18, 1999 the ACIP approved a resolution for hepatitis A covering all children 2-18 years of age who have one of the following conditions:


 Children traveling to countries with high or intermediate hepatitis A virus endemicity.


 Children living in communities with high rates of hepatitis A virus infection and periodic outbreaks.


 Sexually active homosexual and bisexual adolescents.

 Persons who are injecting drug users and persons who use non-injection street drugs, if local data indicate that such groups are at risk of HAV infection.

 Persons with clotting factor disorders.

 Persons with chronic liver disease, including disease due to hepatitis B or hepatitis C.

 Children in communities with intermediate rates of HAV infection for outbreak control

 Children in communities or counties where the average annual hepatitis B rate during 1987-1997 was at least 10/100,000 population.

States eligible under this resolution include Arizona, Alaska, Oregon, New Mexico, Utah, Washington, Oklahoma, South Dakota, Nevada, California, Idaho (routine use is recommended) and Missouri, Texas, Colorado, Arkansas, Montana, Wyoming (routine use may be considered). For more information contact Vivian Flores at 207-2868.

Vaccine Legislation

The Texas Legislature is currently considering revisions to Immunization Requirements for Children and Students in Texas Child-Care Facilities, Public and Private Schools. **A brief summary of the proposed revisions follows:**

Revision #1 - Require Varicella vaccine for children under 13 years of age who do not have a reliable history of Varicella illness and for higher education students in health-related courses who do not have a reliable history of Varicella illness.

Revision #2 - Establish criteria for verification of immunity to Varicella. Immunity to Varicella can be established by a written statement from a physician or the

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child's/student's parent or guardian (or the student, in the case of higher education students) stating that the child or student has had Varicella disease. A copy of either the statement of previous illness or a laboratory report confirming immunity to Varicella must be maintained with the immunization record.

Revision #3 - Waive requirement for Varicella vaccination during pregnancy.

Revision #4 - Require hepatitis A vaccination for children 2 years of age through first grade in 32 counties on the Texas-Mexico Border. These counties are: Brewster, Brooks, Cameron, Crockett, Culberson, Dimmitt, Duval, Edwards, El Paso, Frio, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kenedy, Kinney, La Salle, Maverick, McMullen, Pecos, Presidio, Real, Reeves, Starr, Sutton, Terrell, Uvalde, Val Verde, Webb, Willacy, Zapata, and Zavala.

Revision #6 - Expand the existing requirement for hepatitis B vaccine to include adolescents.

The earliest possible date of adoption of these revisions is March 28, 1999. These proposed revisions were published in the January 29, 1999 Texas Register. For more information see the Texas Department of Health website at www.tdh.state.tx.us/immunize or call 1-800-252-9152.

Source: Texas Department of Health 2/3/99.

Our Newest Partners Are

The Vaccines for Children Program is pleased to welcome the Leon Valley Health Center, San Saba Medical Clinic and Little Texans Pediatrics in Boerne.

Welcome Aboard!



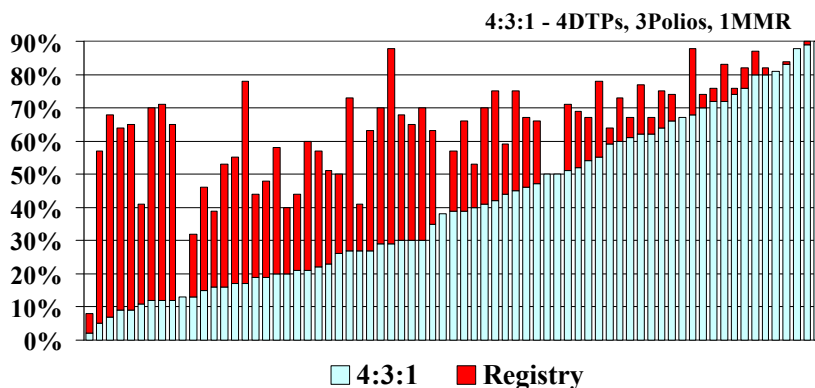
Two Successful Years

The SAMHD's Immunization/WIC Linkage Program has completed its second year with commendable success. The Linkage Program, a collaborative effort between the SAMHD Immunization Division and SAMHD WIC Division, was implemented in July of 1996. The goal of the Linkage Program is to increase immunization coverage levels of WIC clients between zero and two years of age. This goal is being accomplished through immunization record assessments and reminder/referral calls to WIC participants behind or due for immunizations. In addition to this, the utilization of automated dialing technology (SAMHD Auto-dialer) has served as a fundamental component by providing supplemental communication to WIC families. This method has proven to be the most effective approach in increasing immunization rates among WIC participants.

In 1998, the SAMHD Immunization/WIC Linkage Program assessed immunization records of 77,716 current WIC clients. Results of the assessment status of this population have shown a marked increase in immunization rates from 1997 to 1998, and rates are continuing to rise. The percentage of clients with documented immunization records increased from 92% in 1997 to 97% in 1998.

The collection of statistical and demographic data derived from the Linkage program has enabled the SAMHD to better identify and direct public resources toward under-served areas within our community. The SAMHD Immunization/WIC Linkage Program is looking forward to continuing its efforts to raise vaccination coverage levels for WIC children throughout the San Antonio community. For more information on the Immunization/WIC Linkage contact Analisa Barrera at 207-2865.

CASA Rates VS Rates with SAIRS Improvement



CASA Improves Immunization Rates

This year marks the end of the first year for the VFC/CASA Team. The achievements of this past year are attributed to the support of the VFC providers who have participated in an Assessment. To date, 80 providers have participated in a CASA Assessment. Providers who have not had the opportunity to participate in an assessment will be contacted in the upcoming months. Information gathered from assessments has been used to develop three recommendations, which can improve immunization rates and quality of care. These recommendations are:

1. Collect Immunization Histories – Immunization histories should be collected on all patients. Incomplete immunization histories lower immunization rates and increase the probability of over or under immunizing. If a patient does not bring their shot record, the San Antonio Immunization Registry System (SAIRS) can be used to collect this information via the Internet or Auto-dialer. CASA Assessments have shown that incomplete documentation of a patient's immunization history accounts for a significant decrease in immunization rates. Rates obtained from CASA Assessments increase on average 23 percentage points when SAIRS is used to input missing

immunization histories. The graph above illustrates how immunization histories in SAIRS significantly increase immunization rates.

2. Accurate Documentation of Immunization Histories on an Immunization Record/Sheet – Providers should maintain a separate immunization record or immunization sheet in the patient's chart. This provides a quick and easy way to see if a patient's immunizations are up to date.

3. Tracking System – A tracking system should generate reminders of upcoming immunizations as well as recalls for children who are overdue. This system may be automated or manual and can include mailed or telephone messages. Operating a Tracking System decreases dropout rates by reminding parents about timely immunizations and identifies patients who have obtained immunizations in another facility.

If your office is interested in participating in an assessment contact Brenda Lemke at 207-2859.



Excuses for Not Immunizing and How to Respond

1. *My baby is healthy. There's no reason to take him/her to the doctor.* Just because your baby is healthy now does not mean he/she won't get childhood diseases. Only immunizations can prevent diseases such as measles, mumps, polio and diphtheria.

2. *My baby won't get the measles. Nobody gets it anymore.* Failure to immunize leads to new outbreaks of disease. In 1989-1991, a measles epidemic resulted in more than 55,000 reported cases, 11,000 hospitalizations, and more than 120 deaths. Half of these deaths were in young children.

3. *Childhood diseases aren't serious.* Vaccine-preventable diseases are potentially fatal. Tetanus kills 3 of 10 people it strikes. Diphtheria kills 1 of 10. Polio, Pertussis, measles, mumps, rubella (German measles), hepatitis B, and spinal meningitis are also deadly but preventable.

4. *I can't take the time off work to take my baby to the doctor.* Taking the time now to immunize your children can save you much more time later if your child becomes ill. Childhood illnesses such as measles can put a child in bed for weeks or even in the hospital.

5. *I can't afford to go to the doctor.* Vaccines save money in the long run. A child with a preventable disease can cost parents 30 times more than the vaccine. For every \$1 spent on childhood vaccines, an average of \$10 to \$14 is saved in future medical care.

6. *I'll take them for shots when they're old enough for school.* Children need 80% of their vaccines by the age of 2. Nearly one of four of America's 2-year-olds lack one or more recommended vaccinations. Most schools will not accept children who do not have all their shots. Save trouble later by keeping your infants and toddlers up to date on their shots.

Source: National Immunization Program
NIHW Implementation Handbook 2/1/99.

VAQTA Study

The SAMHD will be conducting a Merck and Co. sponsored clinical trial of the safety and immunogenicity of VAQTA, a hepatitis A vaccine administered to 12-month-old infants. The hepatitis A vaccine is currently indicated for certain at risk groups such as travelers to endemic areas, illicit drug users and persons living in areas of high hepatitis A prevalence. Currently, the vaccine is not indicated for children less than 2 years of age.

Hepatitis A is a highly contagious viral disease infecting 143,000 people in the United States each year. The virus is passed through fecal contamination by infected individuals to food and water or by hand to mouth contacts. The effects of hepatitis A vary from person to person. Infected infants and young children may be asymptomatic while older patients may develop severe symptoms which can become life threatening.

The study will involve approximately 70 infants. The infants will receive two doses of hepatitis A vaccine, given 6 months apart, along with routine vaccines. The trial is scheduled to begin in late March 1999 and last through September 1999. For more information call Chris Kennel at 207-6916.

Synagis™ Update

The SAMHD is administering a new medication to certain high-risk infants and children less than 2 years of age to prevent severe Respiratory Syncytial Virus (RSV) disease. The new drug, Synagis™, is given to premature infants and infants with bronchopulmonary dysplasia. This population is more at risk for developing severe RSV disease which can be life threatening. Most children under three become infected with RSV and usually develop

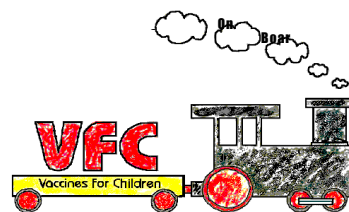
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nothing more than a cough, mild fever and nasal congestion. At risk infants can develop a more serious infection manifested by wheezing, increased breathing and labored breathing.

The RSV program began in November 1998 and will continue through the first part of April 1999. To date, 43 infants have received Synagis™ injections at the SAMHD and none have required hospitalization for RSV disease. Information on infants receiving Synagis™ at other provider locations in the San Antonio area is being collected by the SAMHD. The infant's risk factors will be evaluated as well as the role of the SAMHD in treating at risk infants with Synagis™ during the RSV season. For more information on RSV contact Chris Kennel at 207-6916.

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City Holidays
Fiesta San Jacinto April 23, 1999
Memorial Day May 31, 1999

Thank You for Your Support!